

Application for Permanent Advance Voting Status

Form

AV2

Affirmation of an Elector of the County of _____, and State of Kansas
Applying for Permanent Advance Voting Status

State of _____ County of _____
(where application is completed) (where application is completed)

I do solemnly affirm that I am a qualified elector of the precinct listed below, residing at the address listed below in the county of _____, and state of Kansas. I further affirm that I will not vote more than once at any election.

Applicants for permanent advance voting status must have a permanent physical disability or have been diagnosed as having a permanent illness. The nature of my permanent disability or illness is:

NOTE: IDENTIFICATION REQUIREMENTS FOR FIRST-TIME VOTERS. I understand that if I am a first-time voter in this county I must provide with this application a copy of a current and valid photo identification, such as a Kansas driver's license, or a copy of a current utility bill, bank statement, paycheck, government check, or other government document that shows my name and address. If I do not provide a copy I understand that I must provide my Kansas driver's license number _____ or last 4 digits of my Social Security number _____.

*Mail ballot to:

(Complete if mailing address is different.)

Name _____

Residence _____

City/State/Zip _____

Ward/Pct/Twp _____

Phone Number _____

Political Party _____

(Complete only when requesting primary election ballots.)

Signature of Voter **X** _____

Note: False statement on this affirmation is a severity level 9, nonperson felony.

For office use:

Date App. Rec'd. _____

***NOTE: The ballot may be mailed only to the voter's residential or mailing address as indicated on the county voter registration list, to the voter's temporary residential address, or to a medical care facility where the voter resides. These restrictions do not apply to a voter who has an illness, disability or who lacks proficiency in the English language.**